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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO. 112 600563	FILING DATE 06-19-03					
APPLICANT(S)							6/23/05 1/24/05						
CLAIMS							6/23/05 1/24/05						
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
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44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	6						TOTAL IND.	16					
TOTAL DEP.	57						TOTAL DEP.	84					
TOTAL CLASSES	63						TOTAL CLASSES	100					

# CLAIMS ONLY

(2)

Application Number

10/600 563

Filing Date

Applicant(s)

8/30/05

\* May be used for additional claims or amendments

12/6/05

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1			/		/	
2				/		/
3				/		/
4				/		/
5				/		/
6				/		/
7				/		/
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44			/		/	
45			/		/	
46			/		/	
47				/		/
48				/		/
49				/		/
50				/		/
Total Indep						
Total Depend						
Total Claims						

	Indep	Depend	Indep	Depend	Indep	Depend
51			/		/	
52				/		/
53				/		/
54				/		/
55				/		/
56				/		/
57				/		/
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93				/		/
94				/		/
95				/		/
96				/		/
97				/		/
98				/		/
99				/		/
100				/		/
Total Indep			20		20	
Total Depend			82		82	
Total Claims			102		102	